

MAGNETIC MEDIA FILING REGISTRATION

Send to:

MAGNETIC MEDIA COORDINATORS, MIC 15
EMPLOYMENT DEVELOPMENT DEPARTMENT
P.O. BOX 826880
SACRAMENTO, CA 94280-0001
(916) 654-6845

Please complete the following information if your company plans to file on magnetic media.

Transmitting Company Name		Date
Address		Federal Employer Identification Number
City, State and ZIP		State Employer Account Number
Contact for Technical Information (Name)	Title	Telephone Number and Extension ()

FILING INFORMATION

Please indicate the document type(s) you plan to file and the filing period when you plan to begin filing on magnetic media.

☐ DE 6
 ☐ 1st Quarter
 ☐ 2nd Quarter
 ☐ 3rd Quarter
 ☐ 4th Quarter
 Year: _____

☐ NER

 ☐ Other _____

Please indicate the estimated average number of employees to be reported during the reporting period. _____

Do you plan to act as a transmitter for other Employers?

☐ Yes
 ☐ No

If yes, please prepare a list of the names, State Employer Account Numbers, Federal Employer Identification Numbers (FEIN) and estimated numbers of employees of those employers you plan to report for and attach it to this form.

Do you plan to purchase software or services to create your media file?

☐ Yes
 ☐ No

If yes, please provide the following information:

Software/Service Company Name	Representative Name	Telephone Number ()
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SYSTEM/MEDIA CHARACTERISTICS

TAPE/CARTRIDGE	DISKETTE
Computer Make/Model:	System Model; e.g., IBM System 36:
Recording Density (BPI): <input type="checkbox"/> 6250 <input type="checkbox"/> 1600	Operating System; e.g., MS-DOS V4.0:
Coding Structure: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII	Diskette Size: <input type="checkbox"/> 5 1/4" <input type="checkbox"/> 3 1/2"

AUTHORIZED REPRESENTATIVE OF ORGANIZATION

Name and Title (Type or Print)	Telephone Number ()	
Signature		Date